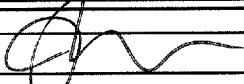


Under the Paperwork Reduction Act of 1995, no person are required to respond to a collection of information unless it displays a valid OMB control number

<i>Effective on 12/08/2004.</i> <i>Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).</i>		Complete if Known	
FEES TRANSMITTAL		Application Number	10/585,660
For FY 2009		Filing Date	May 8, 2008
<input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27		First Named Inventor	Kazuhiro ATSUMI
TOTAL AMOUNT OF PAYMENT (\$ 180.00)		Examiner Name	M. Woodall
		Art Unit	3742
		Attorney Docket No.	046884-5494-00-US-228671

METHOD OF PAYMENT (check all that apply)					
<input type="checkbox"/> Check <input checked="" type="checkbox"/> Credit Card <input type="checkbox"/> Money Order <input type="checkbox"/> None <input type="checkbox"/> Other (please identify): _____					
<input type="checkbox"/> Deposit Account Deposit Account Number: <u>50-0573</u> Deposit Account Name: <u>Drinker Biddle & Reath LLP</u>					
For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)					
<input type="checkbox"/> Charge fee(s) indicated below			<input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee		
<input checked="" type="checkbox"/> Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17			<input checked="" type="checkbox"/> Credit any overpayments		

FEE CALCULATION																							
1. BASIC FILING, SEARCH, AND EXAMINATION FEES																							
Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES																		
	Fee (\$)	Small Entity	Fee (\$)	Small Entity	Fee (\$)	Small Entity	Fees Paid (\$)																
Utility	330	165	540	270	220	110	_____																
Design	220	110	100	50	140	70	_____																
Plant	220	110	330	165	170	85	_____																
Reissue	330	165	540	270	650	325	_____																
Provisional	220	110	0	0	0	0	_____																
2. EXCESS CLAIM FEES																							
Fee Description																							
Each claim over 20 (including Reissues) Small Entity Fee (\$) Fee (\$) 52 26																							
Each independent claim over 3 (including Reissues) Small Entity Fee (\$) Fee (\$) 220 110																							
Multiple dependent claims Small Entity Fee (\$) Fee (\$) 390 195																							
<table border="1"> <tr> <td>Total Claims</td> <td>Extra Claims</td> <td>Fee (\$)</td> <td>Fee Paid (\$)</td> <td colspan="4">Multiple Dependent Claims</td> </tr> <tr> <td>_____</td> <td>- or HP = _____</td> <td>_____ x _____ = _____</td> <td>_____</td> <td>Fee (\$)</td> <td>Fee Paid (\$)</td> <td colspan="2">_____</td> </tr> </table>								Total Claims	Extra Claims	Fee (\$)	Fee Paid (\$)	Multiple Dependent Claims				_____	- or HP = _____	_____ x _____ = _____	_____	Fee (\$)	Fee Paid (\$)	_____	
Total Claims	Extra Claims	Fee (\$)	Fee Paid (\$)	Multiple Dependent Claims																			
_____	- or HP = _____	_____ x _____ = _____	_____	Fee (\$)	Fee Paid (\$)	_____																	
HP = highest number of total claims paid for, if greater than 20.																							
<table border="1"> <tr> <td>Indep. Claims</td> <td>Extra Claims</td> <td>Fee (\$)</td> <td>Fee Paid (\$)</td> <td colspan="4">_____</td> </tr> <tr> <td>_____</td> <td>- or HP = _____</td> <td>_____ x _____ = _____</td> <td>_____</td> <td colspan="4">_____</td> </tr> </table>								Indep. Claims	Extra Claims	Fee (\$)	Fee Paid (\$)	_____				_____	- or HP = _____	_____ x _____ = _____	_____	_____			
Indep. Claims	Extra Claims	Fee (\$)	Fee Paid (\$)	_____																			
_____	- or HP = _____	_____ x _____ = _____	_____	_____																			
HP = highest number of independent claims paid for, if greater than 3.																							
3. APPLICATION SIZE FEE																							
If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$270 (\$135 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).																							
<table border="1"> <tr> <td>Total Sheets</td> <td>Extra Sheets</td> <td>Number of each additional 50 or fraction thereof</td> <td>Fee (\$)</td> <td>Fee Paid (\$)</td> </tr> <tr> <td>_____</td> <td>- 100 = _____</td> <td>/50 = _____ (round up to a whole number) x _____ = _____</td> <td>_____</td> <td>_____</td> </tr> </table>								Total Sheets	Extra Sheets	Number of each additional 50 or fraction thereof	Fee (\$)	Fee Paid (\$)	_____	- 100 = _____	/50 = _____ (round up to a whole number) x _____ = _____	_____	_____						
Total Sheets	Extra Sheets	Number of each additional 50 or fraction thereof	Fee (\$)	Fee Paid (\$)																			
_____	- 100 = _____	/50 = _____ (round up to a whole number) x _____ = _____	_____	_____																			
4. OTHER FEE(S)																							
Non-English Specification, \$130 fee (no small entity discount) Fees Paid (\$) _____																							
Other (e.g., late filing surcharge): <u>1806 Submission of an Information Disclosure Statement</u> 180.00																							

SUBMITTED BY	
Signature	
Name (Print/Type)	John G. Smith
Registration No. (Attorney/Agent)	33,818
Telephone	202.842.8886
Date	September 9, 2011